

INSD Pro Se Civil Rights Complaint (unrelated to imprisonment) 12/19 (adapted from AO Pro Se 15 (Rev. 12/16))

## UNITED STATES DISTRICT COURT

for the

Southern District of Indiana

Jerren Jones

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Federal Motor Carrier Safety Administration

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No. 1:23-cv-02262-JPH-MJD

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No**FILED****12/14/2023**

U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF INDIANA  
Roger A.G. Sharpe, Clerk

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

## NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include *only*: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievances, witness statements, evidence, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☒ Federal officials (a *Bivens* claim)

☐ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

The FMCSA violated my 5th Amendment right to due process by failing to remove false violations from my record after I presented exculpatory evidence through the DataQs dispute process.

The FMCSA also violated my 14th Amendment right to equal protection by treating me differently. By rejecting my properly supported DataQs complaint, I was singled out for unequal treatment without justification.

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

The FMCSA acted under color of federal authority by failing to remove the contested violations from my record after reviewing the evidence I submitted.

Specifically, the FMCSA administrators rejected my properly filed DataQs dispute pursuant to the procedures and regulations outlined by the FMCSA itself.

The officials were acting in their roles as representatives of a federal agency making determinations based on authority granted to them under federal transportation statutes and regulations.

Their actions, including denying my dispute and declining to correct my record, were conducted under the auspices of federal regulatory power.

By improperly exercising this power to deny my valid DataQs complaint and leave the inaccurate violations in place, the FMCSA officials acted under color of federal law in a manner that deprived me of my constitutional rights.

## II. The Parties to This Complaint

### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Jerren Jones		
Address	4315 N Shore Dr Irving, 75038		
	Irving	Texas	75038
	<small>City</small>	<small>State</small>	<small>Zip Co</small>
County	Dallas		
Telephone Number	(317)308-9574		
E-Mail Address	jerrenjones81@gmail.com		

### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	Federal Motor Carrier Safety Administration		
Job or Title <i>(if known)</i>			
Address	575 N. Pennsylvania St #261 Indianapolis, IN 46204		
	Indianapolis	IN	46204
	<small>City</small>	<small>State</small>	<small>Zip Code</small>
County	Marion		
Telephone Number	(317)226-7474		
E-Mail Address <i>(if known)</i>	OurRoads@dot.gov		

☐ Individual capacity ☒ Official capacity

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Defendant No. 2

Name

Job or Title *(if known)*

Address

*City*

*State*

*Zip code*

County

Telephone Number

E-Mail Address *(if known)*

☐

Individual capacity

☐

Official capacity

Defendant No. 3

Name

Job or Title *(if known)*

Address

*City*

*State*

*Zip Code*

County

Telephone Number

E-Mail Address *(if known)*

☐

Individual capacity

☐

Official capacity



**III. Statement of Claim**

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

White County, Indiana

B. What date and approximate time did the events giving rise to your claim(s) occur?

On the 19th of July, 2022 at 2:20 PM

C. What are the facts underlying your claim(s)? *(For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)*

An officer out of his jurisdiction stopped my CMV without cause, falsely arrested me for OWI despite a negative chemical test, and assaulted me by drawing a weapon on me. No legitimate inspection was conducted. The FMCSA added three false violations to my record related to the improper stop:

- Under the influence-despite passing sobriety tests and a negative chemical test. This definitely proves my sobriety at the time and that the violation has no factual merit.
- Expired inspection-My inspection was current and valid. The officer conducted no legitimate inspection, did not allow me to review or sign inspection reports. This directly contradicts the claim it had expired.
- False report of driver's record of duty status. There was no evidence to support the claim I logged a false duty status or disconnected my ELD during the trip from Texas to Indiana. I was on a compliant, mandatory 10-hour rest period at the time my CMV was stopped, making it impossible for me to have simultaneously falsified on-duty logs.

I also properly filed three DataQs challenges on the 5/19/2023, 9/20/2023 and on the 10/11/2023 to dispute false violations added to my driving record. With each challenge, I provided documentation showing that the courts had dismissed the allegations against me.

Despite irrefutably disproving the violations, all three of my properly filed challenges were denied by the FMCSA. I received denial letters stating that the violation was not associated with any adjudicated citation or recorded in error.

I have exhausted all administrative remedies available to me, necessitating this complaint. The agency's actions have left me with no recourse but to seek court intervention ordering the removal of the false violations from my record.

**IV. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Due to the inaccurate violations, I have been unable to seek alternative employment as a truck driver over the past year, which has resulted in approximately \$300,000 in lost wages that I would have earned if I was able to work for other carriers. This has caused me severe financial hardship. Also, the accusations have hindered my ability to advance my career as an independent trucker and owner operator. I have been unable to sign on with a company to drive my own truck. Additionally, the wrongful allegations have caused me emotional distress, anxiety, and harm to my reputation. Being falsely accused of infractions I did not commit has taken a toll on my mental health and well-being.

**V. Relief**

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I request the opportunity to mediate this matter with the FMCSA to reach a fair resolution and clear my record. I also request the following relief from the court: 1) Order the immediate removal of all inaccurate violations from my driving record. 2) Award compensatory damages in the amount of \$1,000,000 for the financial losses, lost wages, emotional distress and reputation harm caused by the failure to correct my record. 3) Grant punitive damages in an amount to be determined at trial to deter future willful or malicious misconduct. 4) Award reasonable Attorney fees and court costs incurred in pursuing this action. I seek both correction of my record and compensation for the harm caused.

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.


I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

12/14/23

Signature of Plaintiff

Printed Name of Plaintiff

  
Terren Jones